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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Center for Mental Health Services
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The Dialogue

A QUARTERLY TECHNICAL ASSISTANCE BULLETIN ON DISASTER MENTAL HEALTH AND SUBSTANCE ABUSE

CALL TO THE FIELD

The Dialogue is an arena for professionals in the disaster behavioral health field to share information, resources, trends, solutions to problems, and accomplishments. Readers are invited to contribute profiles of successful programs, book reviews, highlights of State regional trainings, and other news items. If you are interested in submitting information for *The Dialogue,* please contact Kerry Crawford at dtac@esi-dc.com.

SAMHSA All-Hazards Regional Training Conferences

RESULTS AND FEEDBACK FROM REGIONAL TRAININGS

The SAMHSA All-Hazards Regional Trainings have been an overwhelming success. Teams of mental health, substance abuse, and emergency management professionals; voluntary organizations active in disaster; and other critical participants attended the most recent trainings conducted in Chicago for Public Health Service (PHS) regions V and VII and in Boston for regions I and II. Training for regions III and IV (Washington, DC), VI and VIII (Dallas), and IX and X (Seattle), were held earlier this year and the end of 2003.

The final regional training of the year is scheduled for August 24–26 in Tamuning, Guam. This training will be tailored to the specific needs of the island nations and unincorporated territories within PHS region IX.

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Through the regional trainings, participants were able to identify and focus on planning and outreach for special populations, including some not often discussed. Some populations identified as requiring specialized outreach include: immigrants from the Middle East, Native Americans, people who are homeless, migrant workers, Amish, and the gay/lesbian/bisexual/transgender (GLBT) community.

Participants were further able to identify next steps and priorities to address upon returning to their home States. Many of the States across the nation plan to increase the visibility of the All-Hazards planning approach, establish or increase collaboration among State and local agencies and among neighboring States, invite stakeholder participation in drills and trainings, and share State-wide resources.

With the regional trainings drawing to a close, SAMHSA DTAC has the opportunity to reflect on the wealth of resources gained through the conferences. SAMHSA DTAC has received working copies of more than 45 State and Territory disaster behavioral health plans, as well as several independent, detailed substance abuse disaster plans. Many of these plans can be accessed through SAMHSA DTAC as technical assistance resources.

SAMHSA DTAC is collecting updated disaster behavioral health plans and resources. As States expand their plans, there has been an increase in requests for tabletops and simulations to test the updated plans. If your State has executed a new tabletop at the State or local level, or if your State has a draft or updated disaster behavioral health plan to add to the SAMHSA DTAC resource collection, please contact Kerry Crawford at dtac@esi-dc.com. The SAMHSA DTAC Web site features links to disaster behavioral health plans posted on State Web sites. Please let SAMHSA DTAC staff know if your State's plan is available online.

A FEW COMMENTS FROM THE FIELD…

"With this training, 'my world' got bigger…."

"The sessions helped me format all the ideas that have been floating around into a more cohesive plan!"

Participants at Midwestern Regional Training (Regions V and VII)

"…After the first day, …my wheels are 'turning' to work with all other departments/partners to be prepared, to educate, and to train. I love it!"

Participant at Western Regional Training (Regions IX and X)

"Our state team grew as a unit. [The training] refined our common perspective of roles and plan objectives."

Participant at Southern Regional Training (Regions III and IV)

Slow Motion Technological Disaster

Gold miners in Montana in the late 1800s discovered vermiculite, a mineral that looks similar to mica. Edward Alley identified some unique attributes of vermiculite including its exceptional insulating properties. The Zonolite Company began mining the substance near Libby, Montana in the late 1920s. Zonolite was bought by the W.R. Grace Company in 1963, who continued to mine vermiculite until 1990. In its prime, the Libby mine supplied almost 80 percent of the world's supply of vermiculite. The vermiculite was milled into products ranging from insulation to garden additives that were shipped all over the country for use in construction, agriculture, horticulture and industry. Vermiculite can still be found in attic insulation of many homes across the nation.

The W.R. Grace Company employed a majority of Libby residents; working at the mine was considered an excellent job with good wages. The W.R. Grace Company was highly supportive of the small mining town and supplied vermiculite insulation for local schools and community buildings, as well as fill dirt from the mine for community playgrounds and ball fields.

> "The issues we see in a slow motion technological disaster (SMTD) are different in nature from those following a sudden-onset disaster event…. Unlike a fire, flood, or oil spill, in an SMTD there is typically a lack of consensus about what occurred. Therefore, conflict may be more prevalent than teamwork after an SMTD."
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> "The invisible nature of an SMTD contributes to a sense of shock and denial that the disaster is even occurring, as it can't be perceived by any of our senses."
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> *Addressing the Psychosocial Elements of Slow Motion Technological Disasters*

It was discovered that the vermiculite mined in Libby contained a toxic form of naturally occurring asbestos called tremolite actinolite asbestiform mineral fibers. As a result of the exposure to the tremolite, many of those who worked at the Libby mine, or had family members who worked at the mine, now have significant health concerns.

Fatal diseases, including asbestosis and mesothelioma, have been found in significantly high rates among those who worked in the mine and lived in the Libby area. Asbestos-related diseases can take decades to develop. Initial symptoms are difficulty in breathing, chest pain, hoarseness, difficulty swallowing and in some cases, pain in the lower back or side of the chest. Because of the variety of symptoms and the long prodromal period, patients may not be diagnosed until the illness is in advanced stages. This small community of 2,500 saw many neighbors and friends develop fatal respiratory illnesses. Over the course of many years more concerns emerged and the story of Libby, Montana became public.

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> "Medical and scientific ambiguity is often present in technological disasters, since often no one can predict the immediate or long-term impacts of the exposure. The slow motion onset of the disaster convolutes the picture even more, as it cannot be determined with certainty if, when, and where the exposure occurred, or the severity of the exposure, making the impacts of the exposures even more unpredictable."
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> *Addressing the Psychosocial Elements of Slow Motion Technological Disasters*

In response to local concern and media coverage about asbestos-contaminated vermiculite, the U.S. Environmental Protection Agency (EPA), Region VIII sent an Emergency Response Team (ERT) to Libby in late November 1999. The ERT began assessing the situation and collecting information. The results of the EPA investigation, and the number of people with significant health problems who had worked at the mine and lived in the area, put the spotlight on Libby as a technological disaster site.

Psychosocial issues of this disaster are being addressed by two Montana women who coined the term "slow motion technological disaster" (SMTD). Laura Sedler, BSW, and Tanis Lincoln, MSW, work with the Center for Asbestos Related Disease (CARD) in Libby to provide psychosocial support to those affected by the disaster. As a result of their work, Ms. Sedler and Ms. Lincoln developed a training manual to assist others in establishing psychosocial disaster relief services in response to SMTDs titled *Addressing the Psychosocial Elements of Slow Motion Technological Disasters*. The information developed for this guide applies to both event-focused and slow motion disasters. The guide contains narrative reports, slide presentations, handouts, and case examples that address the psychosocial characteristics witnessed during their work in Libby. The authors cover types of responses expected, predicted stressors and reactions, interventions, and identification of stakeholders and key partners. The training manual is available for download at no cost from the Libby CARD Web site at www.libbycard.org.

Sustainability

Time-limited grants and categorical funding streams leave program directors constantly scrambling. How does one build a stable support base to sustain the work over time? It is not always possible to guarantee future funding. It is possible to think about a program's likelihood for being maintained. However, agencies must assess whether a program can be maintained and locate a source of funding.

Sustainability planning is a tool for future action. It gives direction on how to proceed in a sensible, goal-oriented manner. There are several models of sustainability with core elements that appeal to cross-program content. In general, the questions you must answer are: 1) Should this program be sustained? 2) Should elements of the program be sustained? 3) What resources do you have? 4) What resources do you need? 5) Where are those resources? 6) How can you marshal them? and 7) How do you maintain them?

VISION

Sustainability planning should be taken into account in the initial phases of any program, and requires thinking about the distant future. What do you envision the project needing in 5 years? Is the vision clear and compelling for the program? The vision must be well understood by staff, policymakers, and the public. Resources do not exist in a vacuum. The political, economic, and technical world will all affect the type and amount of resources you will need and what you can access.

When you plan for program funding, examine your strategic plan. What changes will you need to make to sustain the program in the next several years? If your organization does not participate in regular strategic planning, now would be a good time to start. Identify your priority areas, discuss how you fund the priorities and talk about existing and future needs.

A sustainability plan is as important as a business plan. The plan should be clear, concise and effectively address the critical needs of your target population. Once you clearly delineate the needs of your target population, you must be as deliberate and clear in identifying what resources you need and how you will marshal those resources.

LEADERSHIP

Maintaining partnerships is essential to keeping resources and support for your program. Partnerships include finding that champion for your program who is a visible leader and is dedicated to your cause. Find those leaders who will use power and prestige to generate support for your program. Leadership provides the fuel and direction. Initiatives that last are led by people who know where they want to go, and have the position, personality, and power to make others want to come along. Determine who needs and/or cares about your program. Fiscal and non-fiscal support will follow those who believe in what your program can achieve.

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RESULTS

Develop a plan with goals and objectives. The plan should be results oriented and demonstrate success through evidence-based measurable achievements. Set benchmarks and goals, and collect results data. As the program meets one of the benchmarks set by your plan, let the resource and funding agencies see the results of their support. Celebrate achievements, thank supporters and let others who may be interested in becoming a supporter have an opportunity to join the ranks of this successful endeavor. Demonstrate that the program is making a difference.

FLEXIBILITY

Adapting to changing environments is essential to the success of any program. Changing social, economic, and political trends will dictate changes in strategy to optimize opportunities and to meet emerging challenges. Be flexible and open to new resources/funding. Use evidence-based information in the decision-making process.

Establish strong fiscal management, accounting, personnel systems, and governance structure. Your structure should be goal directed with a clear decision protocol. Programs with evident lines of communication and structure tend to survive longer. As the environment changes, plan to clarify direction, update benchmarks and invite suggestions about how to support the program.

An agency can choose to move forward with a program and not consider its sustainability, but this compromises the program's future. Failure to plan for a program's longevity leads to agencies eliminating programs when the funding ceases.

A sustainability plan is dynamic and will require continuous review and revision. It should be exciting, evolving, challenging, and filled with opportunity. Establish guidelines that incorporate planned revision to reflect changes in the needs of the target population and in the type and source of resources.

SAMHSA CHECKLIST

SAMHSA has developed a Sustainability Planning Self-Assessment Checklist for the Public Safety Worker Grant Program. The checklist can be used as a guide for beginning to plan for sustainability.

1) Where are we?

2) What problems do we need to solve?

3) What is our ideal future?

4) What should we do next?

Expert Roundtable on Public Health–Mental Health Collaboration

On April 26-27, SAMHSA convened a focus group in Washington, DC in collaboration with the National Association of State Mental Health Program Directors (NASMHPD). Proceedings from the meeting will become a guidance document that will enhance systems integration of public health and mental health agencies in disaster preparedness.

Meeting participants offered State-level experience about the practicalities of integrated planning and shared insights about what it takes to initiate and sustain the effort. Participants discussed overcoming challenges, such as resource constraints, and the role of Federal partners and professional associations in stimulating and sustaining the initiative (e.g., NASMHPD and the Association of State and Territorial Health Officers).

Prior to the meeting, structured and informal information gathering activities were used to assess the status of State efforts in integrated response planning. These activities identified a number of States at the forefront of integrated preparedness efforts. Several States were invited to send public health-mental health teams to the meeting. Wyoming was represented by its mental health commissioner and Connecticut by its mental health deputy commissioner. Massachusetts and Indiana sent disaster preparedness leads from public health and mental health.

A number of national experts joined the group, including Robert Ursano, M.D., and Brian Flynn, Ed.D., from the Center for Traumatic Stress Studies at the Uniformed Services University of the Health Sciences; and Patricia Watson, Ph.D., from the National Center for Post-Traumatic Stress Disorder. Also participating in the meeting were representatives of Federal agencies with leadership roles in public health and mental health preparedness, including SAMHSA, the Health Resources and Services Administration, Centers for Disease Control and Prevention and the Office of the Assistant Secretary for Public Health Emergency Preparedness at the U.S. Department of Health and Human Services.

Proceedings will be disseminated via a guidance document expected to be issued in the fall, which will support both mental health authorities that are just getting started and those that have already initiated collaborative efforts with their State public health departments. The document will be an additional tool for States that are already using SAMHSA's Mental Health All-Hazards Disaster Planning Guidance and the curriculum of the All-Hazards Regional Training, which has been delivered to state preparedness planning teams across the country.

NASMHPD is a nonprofit organization dedicated to serving the needs of the nation's public mental health system through policy development, information dissemination, and technical assistance. Contact them at www. nasmhpd.org.

Kentucky: Benefiting from a Strong Mental Health/Public Health Collaboration

As part of SAMHSA DTAC's continuing support for State Capacity Expansion Grants, grantees under this program have been participating in a series of topic-specific conference calls. Experts present on a variety of topics and participants are able to share information and experiences with one another.

In April, Randy Oliver, assistant director with the Division of Mental Health, Kentucky Department for Mental Health and Mental Retardation Services (hereafter referred to as "the Department"), was the guest speaker. Mr. Oliver detailed the Department's innovative use of funding from a CDC/HRSA grant for bioterrorism planning and preparedness and State Capacity Expansion Grant funds from SAMHSA.

Kentucky's Department of Public Health was awarded CDC/HRSA money and they have provided the Department with $925,000 over the past two years toward mental health and substance abuse disaster planning and preparedness activities. Kentucky has created a Mental Health and Substance Abuse Emergency Response Council to provide oversight of grant implementation.

POSITIVE CHANGES IN PLACE

These additional funds have allowed Kentucky to greatly expand its disaster planning and preparedness:

- Originally, the Department intended to hire a half-time State-level coordinator and allot "mini grants" of $4,500 to each Community Mental Health Center (CMHC) across the State for local and regional planning. With the addition of the HRSA/CDC funding, the Department has been able to fund a full-time coordinator and increase each CMHC grant to an average of $35,000.
- The combined funding from these two grants also allows for better integration of the systems and increased front-end planning between the Kentucky Community Crisis Response Board (KCCRB), which is housed in Kentucky's Department of Military Affairs along with the State Emergency Management Agency.

EMPOWERING THE COMMUNITY MENTAL HEALTH CENTERS

Kentucky has 14 CMHC regions, covering 6-17 counties per area. By focusing on planning activities to be carried out by the regional CMHC, the Department is able to support capacity expansion without layers of "red tape." Involving the CMHC in disaster planning and preparedness has included:

- Meetings with the executive directors of each CMHC to discuss the development of regional disaster preparedness plans while retaining flexibility in the programs to address the diverse needs of each region;
- Documenting and rehearsing response programs with the regional CMHC, hospitals, police departments, fire departments, and other critical response entities. This program has provided the State with the opportunity to look at the regional level and further develop systems that may have been lacking in the past. Conducting tabletop exercises with all the key players has been a valuable tool in identifying gaps in current systems;

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- Promoting the establishment of formal memoranda of understanding (MOUs) with the KCCRB and each CMHC to specify the roles and responsibilities of each entity during a disaster or crisis.

Each CMHC is expected to:

1. Develop a plan to coordinate activities within each region to meet the needs of those currently being served as well as emergent needs following a disaster;
2. Coordinate with other emergency response agencies;
3. Perform needs assessments related to current response capacity, including liabilities/-weaknesses and strengths;
4. Develop plans for recruiting and training first responders;
5. Develop plans ensuring care and treatment of vulnerable populations including those with mental retardation and developmental disabilities and methadone clients;
6. Describe participation in local, regional, and State-level meetings and planning;
7. Designate a regional contact person for program activities.

The collaboration between Mental Health and Public Health makes the planning process an agency-wide endeavor. As one participant shared, "At first we had trouble convincing the other agencies that we were not talking about people with mental illness, but really everyone that is affected by disaster." Disaster reactions should be approached as something that happen to the average person.

Summer and Severe Weather

Summer is a busy time for weather-related disasters. Severe weather, ranging from tornadoes and flash floods to tropical storms and hurricanes, can be a nearly daily occurrence throughout the summer months.

According to the National Weather Service, tornado season begins in southern States in March and lasts through May, while northern States experience a higher frequency of tornadoes during the late spring and summer. Approximately 1,200 tornadoes occur every year and cause an average of 70 fatalities and 1,500 injuries.

Each year, an average of 10 tropical storms—6 of which become hurricanes—develop in the Atlantic Ocean, Caribbean Sea, or Gulf of Mexico. In 1989, Hurricane Hugo generated a 20-foot storm tide in South Carolina. In 1992, Hurricane Andrew produced a 17-foot storm tide in south Florida. Damage from Hurricane Andrew is estimated at $27 billion, making it the most expensive hurricane in U.S. history.

Further information, fact sheets, and brochures about weather safety are available from:

- National Weather Service
  http://www.nws.noaa.gov/safety.html
- Federal Emergency Management Agency
  http://www.fema.gov/library/dizandemer.shtm

Meeting Updates

POLICY CORE SUMMIT

Washington, DC: August 17-18, 2004, the Policy Core of the National Center for Child Traumatic Stress, which provides policy leadership to the National Child Traumatic Stress Network (NCTSN) will bring together approximately 35 network members drawn from universities, mental health centers, and other sites to focus on developing a policy agenda, one of seven NCTSN strategic priorities.

Last October, NCTSN began an internal needs assessment, with input from outside experts, that revealed many issues affecting the care of traumatized children and their families that could be addressed through policy change. The Summit will focus on formulating a strategic policy agenda that addresses the needs of these children through defining policy goals and activities, identifying strategic alliances around these activities, and developing products to move forward on these issues.

CRISIS COUNSELING GRANT PROGRAM COURSE

Emmitsburg, MD: July 19-23, 2004, CMHS and FEMA will cosponsor a Crisis Counseling Grant Program Course at the National Emergency Training Center.

The purpose of this course is to prepare State mental health authorities to respond quickly and appropriately to disasters. The training curriculum is designed for personnel who will have administrative and operational responsibilities during a declared emergency or major disaster. Training topics include: disaster mental health concepts, organizational aspects of disaster response, Crisis Counseling Program grant application process, and grant reporting requirements. The workshop will present various aspects of disaster mental health concepts through lectures, disaster case studies, small group discussions/activities, and panel presentations on disaster mental health topics.

STATE CAPACITY EXPANSION GRANTEE MEETING

Atlanta: September 1-2, 2004, SAMHSA is currently planning the first State Capacity Expansion Grantee meeting.

Representatives from 35 grantees will network, report on grant highlights, share progress in planning and preparedness efforts, and discuss challenges with their peers. Information from this meeting will be used to help assess progress in national preparedness for behavioral health needs.

Topics to be discussed will focus on both planning and sustainability with breakout sessions on leadership and partnership issues, public health and mental health collaboration, development of command and response systems, media communication and testing your plan.

Web Watch

HAVE YOU VISITED THE SAMHSA DTAC WEB SITE LATELY?

If so, you know that new resources are being added frequently. Some of the new items include: a section on possible funding sources, *The Dialogue* (this SAMHSA DTAC quarterly e-bulletin), select materials developed by Crisis Counseling Program grantees, upcoming events and meetings, and more.

CALL FOR STATE PLANS

We know that many of you are in the process of revising State plans. Please provide SAMHSA DTAC staff with the link if you would like your State plan included, or if the link to your plan has changed, so that it can be updated on the SAMHSA DTAC Web site. Thanks goes to those States that have already provided us with links to their State plans: Alaska, Georgia, Kentucky, Nebraska, Oregon, South Carolina, Texas, Virginia, and Wyoming.

FEEDBACK WELCOME

Please visit the SAMHSA DTAC Web site often, as new content and features are added regularly. Let SAMHSA DTAC staff know what you think about the content and structure of the site. Send comments or suggestions to: Jennifer Gathman at dtac@esi-dc.com.

DISASTER RESOURCES AVAILABLE FROM THE NATIONAL MENTAL HEALTH INFORMATION CENTER

The following resources are available online at www.mentalhealth.org:

- >> Mental Health All-Hazards Disaster Planning Guidance (SMA03-3829);
- >> Communicating in a Crisis: Risk Communication Guidelines for Public Officials (SMA02-3641);
- >> Developing Cultural Competence in Disaster Mental Health Programs: Guiding Principles and Recommendations (SMA03-3828).

To obtain bulk orders of SAMHSA publications, order directly from the SAMHSA National Mental Health Information Center. Indicate the title, document number, and number of copies. To order:

- >> Call 1-800-789-2647;
- >> Visit www.mentalhealth.org;
- >> Print out an order form and fax it to 301-984-8796.

Orders normally take 2 to 4 weeks to arrive. To expedite receipt, give the SAMHSA National Mental Health Information Center your overnight delivery account number.